

1998 FORM QFR

(draft only)

Class I

Motor Carriers of Property
and Household Goods
Quarterly Report

U.S. DOT/ Bureau of Transportation Statistics
K-27
400 7th St., SW
Washington, DC 20590

Motor Carrier Number

Quarter:

☐

1

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2

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3

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4

U.S. DOT Number

Name of company

Trade or doing business as

Street address

City

State

Zip

()

Telephone

Contact (for purposes of this report):

Contact name

Title

()

Telephone

Mailing Address (if different from above):

Mailing address

City

State

Zip

Affiliated Companies:

Name

MC number

U.S. DOT number

parent

affiliates

Operating Revenues

1 Freight operating revenue	
2 Household goods carrier operating revenue	
3 Other operating revenue	
4 Total operating revenue	

Operating Expenses

5 Freight operating expenses	
6 Household goods carrier operating expenses	
7 Total operating expenses	

8 Net Operating Income (Loss)	
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CERTIFICATION

I hereby certify that this report was prepared by me or under my supervision, that I have examined it, and that the items herein reported on the basis of my knowledge are correctly shown.

Name	Signature
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Title	Date
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